

**FIRST  
INFORMATION DISCLOSURE  
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

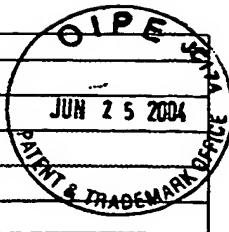
Sheet

of

1

**Complete if Known**

<b>Application Number</b>	10/808,310
<b>Filing Date</b>	March 25, 2004
<b>First Named Inventor</b>	Shuichi Takamiya
<b>Examiner Name</b>	Unassigned
<b>Attorney Docket Number</b>	018995-748



## **U.S. PATENT DOCUMENTS**

## **FOREIGN PATENT DOCUMENTS**

## **NON-PATENT LITERATURE DOCUMENTS**

**\*Copy Attached**

Examiner Signature	Barbara L. Gilligan	Date Considered	5/26/05
*EXAMINED: Under reference to the above application.			

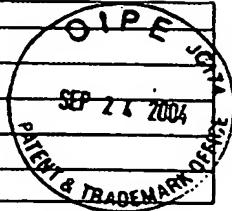
\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with M.P.E.P. § 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.

**SECOND  
INFORMATION DISCLOSURE  
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Sheet 1 of 1

Substitute for Form 1449A/PTO & 1449B/PTO		Complete if Known	
<b>SECOND</b> <b>INFORMATION DISCLOSURE</b> <b>STATEMENT BY APPLICANT</b> <small>(use as many sheets as necessary)</small>		<b>Application Number</b> 10/808,310 <b>Filing Date</b> March 25, 2004 <b>First Named Inventor</b> Shuichi Takamiya <b>Examiner Name</b> [Redacted]	
Sheet	1	of	
			<b>Attorney Docket Number</b> 018995-748



## **U.S. PATENT DOCUMENTS**

## FOREIGN PATENT DOCUMENTS

## **NON-PATENT LITERATURE DOCUMENTS**

Examiner Initials	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.

\* COPY ATTACHED

Examiner Signature	Barbara L. Gilliam	Date Considered	9/26/09
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**\*EXAMINER:** Initial if reference considered, whether or not citation is in conformance with M.P.E.P. § 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.